

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number <u>25669</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3 Name and address of person filing Name <u>James E Douros</u> P O Box Bldg Room No If any Street <u>35488 Cabral Drive</u> City <u>Fremont</u> State <u>California</u> ZIP Code + 4 <u>94536</u>	4 Name, file number and address of labor organization. Name <u>Operative Plasterers & Shophands Local 66</u> Labor Organization File Number <u>043143</u> P O Box Building and Room Number if any Street <u>150 Executive Park Blvd Ste 1200</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94134</u>
5 Position in labor organization <u>Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b. Amount

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>5/11/2006</u> Date	<u>(510) 376-4775</u> Telephone Number

Name of Person Filing James Douros	File Number U-
---	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **Operative Plasterers' Local Union #66 JATTF**

Trade Name if any

P O Box Bldg Room No if any

Street **132 Starlite Street**

City **South San Francisco**

State **California** ZIP Code + 4 **94080**

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

The Trust Fund named in Item 8 provides apprenticeship training for members of Local 66 Pursuant to the collective bargaining agreements in order to pay for such training employers contributed \$ 52 cents per hour for each hour worked by employees

11 b Approximate dollar value of such dealing.

\$201 350

12 a Nature of interest held or income received

I participated in a trade show to promote plastering and our apprenticeship program Amount of wages I received \$342 60

12 b Amount.

\$343

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b. Amount of payment